are distinct and definite in a number of experiments. Investigations of the blood in pellagra following the methods of Bradford and Wilson, on the assumption that it might be due to a filterable virus, may give positive results.

The South has borne the stigma of having much more pellagra than other sections of the country. We have as able and as well-trained medical men in the South as there are anywhere in the world; and if pellagra is due to a micro-organism of some kind, I hope that some good Southern doctor will discover it. It will be a great contribution to the science of medicine from a section of the United States that has suffered most from the ravages of the most dreadful disease that is endemic within our borders.

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AUTHORS' ABSTRACTS

Medicine

Immunization Against Measles. D. L. Richardson and Hilary Connor, Providence, R. I. The Journal of the American Medical Association, Vol. 72, No. 15, April 12, 1919, p. 1046.

Blood serum from patients' convalescent serum was injected intramuscularly into fourteen children who had been exposed to measles, and none of them developed the disease. Usually only one inoculation has been given, and from 15 to 20 c. c. of blood serum given as soon after the exposure as possible, and all during the first week of the incubation period. Three children were inoculated by swabbing the nose and throat of measles patients during the height of the disease and immediately swabbing the nose and throat of the children selected for infection. These three children were given protective inoculation of convalescent serum at the same time.

Among all those exposed or inoculated, none developed measles.

The serum used was taken from patients convalescent from measles, in the hospital, anywhere from one to six weeks after the rash, but usually in the second week of convalescence. The blood was withdrawn in separate tubes, the serum allowed to separate, and after the Wassermann report on each patient's blood the serum was pooled and kept in an ice box. If kept longer than a week, 0.25 % tri-kresol was added.

Blood Pressure in Tuberculosis. W. O. Wilkes, Waco, Tex. Texas Medical Journal, Vol. 34, No. 9, March, 1919, p. 304.

Blood pressure is much below normal in tuberculosis, even in the earliest stages.

It is possible that low pressure from other causes may be an exciting cause in bringing about activity in quiescent tuberculous lesions, if long continued.

Blood pressure observations are of little value unless the observer's methods are carefully described. If the method of taking readings could be systematized it would add greatly to the value of blood pressure observations.

Fishberg says that a systolic pressure below 70 is common in incipient cases. The average of other observers seems to be about 107. In advanced cases the average seems to be about 100.

The average pressure of 319 cases of pulmonary tuberculosis taken by the author in the last two years was 107.2 systolic, and 70.3 diastolic.

Low blood pressure should always cause a careful investigation of the lungs.

Low pressure does not seem to be of any great prognostic significance in tuberculosis, but we are always most hopeful of those cases whose pressure is nearest normal.

Influenza Pneumonia Treated by Blood Transfusion. F. B. Bogardus, Eureka, Mont. New York Medical Journal, Vol. 109, No. 18, May 3, 1919, p. 765.

The writer reports six cases of influenza pneumonia treated by transfusion of blood from patients recently recovered from the disease. In four of the cases the results were very favorable, the patients making a quick recovery.

Two died, one twelve hours after the transfusion, being moribund at the time it was given, and the other thirty-six hours afterward. This latter case might have been saved by a transfusion from a different donor, but was too far away to be given close attention.

One case had severe anaphylactic shock, although the serum of the recipient did not agglutinate corpuscles of the donor. Later tests showed that the serum of the donor agglutinated strongly the corpuscles of the recipient, and the reaction was attributed to that cause. The writer thinks that grouping should be exact, having both donor and recipient of same group, as the reaction in this case nearly killed the patient and no other cause could be found.

The amount of blood used was from 100 to 180 c. c. and was given by the citrate method.